

**CERTIFICATION OF CLAIM
MONTANA DEPARTMENT OF TRANSPORTATION**

**CERTIFICATION OF EACH PART OF A CLAIM IS AN ABSOLUTE
PREREQUISITE TO A CLAIM BEING CONSIDERED BY THE DEPARTMENT**

PROJECT NAME

PROJECT NUMBER

THIS CLAIM IS SUBMITTED ON BEHALF OF (check each that applies):

____ Prime Contractor ["Contractor"]

____ Subcontractor(s) [specify which] _____

Anyone knowingly presenting a claim, any part of which is found to be false, fictitious or fraudulent, is subject to the criminal penalties of ' 45-7-210, MCA, and civil liabilities of ' 17-8-231, MCA, in addition to criminal and civil penalties applicable under Federal law.

Contractor understands and agrees that, under its Contract with Department, it must certify any claim, and that any failure to fully certify the claim as here required is a failure to resort to and complete the Department's procedure for dispute settlement, and bars further administrative or judicial review of the claim.

Understanding the above, and with the intent to obtain the claimed amount from the State, the Contractor by the undersigned certifies that:

- a this claim is made in good faith;
- b Contractor has fully reviewed the claim and its supporting data, including its project records (and the project records of any subcontractor involved in the claim) to ensure that any personnel and equipment items listed in the claim are properly included;
- c the supporting data are accurate and complete to the best of Contractor's knowledge and belief, and support that all personnel and equipment items listed in the claim are properly included;
- d no part of the claim is false, fictitious or fraudulent; and,
- e the amount requested, as shown on the attached pages, accurately reflects the contract adjustment for which Contractor believes the State is liable, and is a complete statement of the claim.

Name of Contractor

By: _____
Contractor's Representative

Date

Representative's Title